

Notice of Appeal Denial

Macomb County Community Mental Health (MCCMH)

Important: This notice explains your additional appeal rights. Read this notice carefully. If you need help, you can call one of the numbers listed on the last page under “Get help & more information.”

Mailing Date: <Mailing Date>

Member ID: <Member's Plan ID>

Name: <Member's Name>

Beneficiary ID: <Member Medicaid ID>

Appeal Number: <Appeal Number>

This Notice is in response to the internal appeal request that we received on <date appeal received>.

MCCMH decided your appeal on <date appeal decided>.

Your internal appeal was denied

Your appeal was thoroughly considered. This is to inform you that we [denied or partially denied] your internal appeal for the service/item listed below:

Why did we deny your appeal?

We [denied or partially denied] your internal appeal for the service/item listed above because: *[Include citations with descriptions that are understandable to the member of applicable State and Federal rule, law, and regulation that support the action. You may also include Evidence of Coverage/Member Handbook provisions as well as Plan policies/procedures or assessment tools used to support the decision.]*

You should share a copy of this decision with your provider so you and your provider can discuss next steps. If your provider requested coverage on your behalf, we have sent a copy of this decision to your provider.

If you don't agree with our decision, you have the right to further appeal

You have the right to an External Appeal. The External Appeal is reviewed by an independent organization that is not connected to us. You can file an External Appeal yourself. You can do this by asking for a State Fair Hearing with the Michigan Grievance and Appeals Process.

Below is information on how to request a State Fair Hearing with MAHS.

How to ask for a State Fair Hearing with MAHS

To ask for a Medicaid State Fair Hearing you must follow the directions on the enclosed Request for State Fair Hearing form. You must ask for a State Fair Hearing within **120 calendar days** from the mailing date of this notice. If your request is not received at MAHS by <insert 120 calendar day date>, you will not be granted a hearing. If you need another copy of the form, you can ask for one by calling Macomb County Community Mental Health Ombudsman at (586) 469-7795, TTY users call (800) 649-3777 or MI Relay Service at 711, or you may call the Michigan Department of Health and Human Services Beneficiary Help Line: 1-800-642-3195. TTY users call 1-866-501-5656 or 1-800-975-7630 (if calling from an internet based phone service).

What happens next?

MAHS will schedule a hearing. You will get a written "Notice of Hearing" telling you the date and time. Most hearings are held by telephone, but you can ask to have a hearing in person. During the hearing, you'll be asked to tell an Administrative Law Judge why you disagree with our decision. You can ask a friend, relative, advocate, provider, or lawyer to help you. You'll get a written decision within 90 calendar days from the date your Request for Hearing was received by MAHS. The written decision will explain if you have additional appeal rights.

If the standard timeframe for review would jeopardize your life or health, you may be able to qualify for a fast (also known as an expedited) State Fair Hearing. Your request must be in writing and clearly state that you are asking for a fast State Fair Hearing. Your request can be mailed or faxed to MAHS (see the enclosed Request for Hearing form for the address and fax number). If you qualify for a fast State Fair Hearing, MAHS must give you an answer within 72 hours. However, if MAHS needs to gather more information that may help you, it can take up to 14 more calendar days.

If you have any questions about the State Fair Hearings process, including the fast State Fair Hearing, you can call MAHS at 1-877-833-0870.

Continuation of Services

If we previously approved coverage for a service but then decided to change or stop the service before the authorization ended, you can continue your benefits during External Appeals in some cases.

Your benefits for that service will continue if you qualified for continuation of benefits during your internal appeal and you ask for a State Fair Hearing from MAHS within **10 calendar days** from the mailing date of this notice, along with a request for continuation of benefits. MAHS must receive your State Fair Hearing by <insert 10 calendar day date from this notice>. You should state in your request that you are asking for your service(s) to continue.

If your benefits are continued during your appeal, you can keep getting the service until one of the following happens: 1) you withdraw the External Appeal; or 2) all entities that got your appeal decide “no” to your request.

NOTE: If your benefits are continued because you used this process, you may be required to repay the cost of any services that you received while your appeal was pending if the final resolution upholds the denial of your request for coverage or payment of a service.

Access to Documents

You and your authorized representative are entitled to reasonable access to and a free copy of all documents relevant to your appeal at any time before or during the appeal. You were provided documents at the time you requested your local appeal, and if you request a State Fair Hearing we will send updated documents to you automatically (including documentation of your local appeal). If you would like to request these documents before you ask for a State Fair Hearing, or if you feel that MCCMH has any other information related to your appeal, you must submit your request for documents and information in writing. You can fax your written request to (586) 469-7958. If you have any questions or need help with your request for documents, call us at: (586) 469-7795. TTY users call (800) 649-3777 or MI Relay Service at 711.

Get help & more information

- Macomb County Community Mental Health:
 - If you need help or would like more information about our decision or the internal grievance and appeal process, please call the MCCMH Ombudsman at (586) 469-7795, Monday–Friday, 8:30am–5:00pm.
 - TTY users call (800) 649-3777 or MI Relay Service at 711.
 - You can also visit our www.mccmh.net.

- MDHHS Beneficiary Help Line: 1-800-642-3195. TTY users call 1-866-501-5656 or 1-800-975-7630 (if calling from an internet based phone service).
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Non-Discrimination and Accessibility

In providing behavioral healthcare services, Macomb County Community Mental Health complies with all applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Macomb County Community Mental Health does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

MCCMH provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, Braille)

MCCMH provides free language services to people whose primary language is not English or have limited English skills, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact Macomb County Community Mental Health Access Center at 1-855-996-2264.

If you believe that MCCMH has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: MCCMH Ombudsman at 22550 Hall Road, Clinton Township, MI 48036, 586-469-7795.

If you are a person who is deaf or hard of hearing, you may contact MCCMH at 1-800-649-3777 or MI Relay Service at 711 to request their assistance in connecting you to MCCMH. You can file a grievance in person or by mail, fax or email. If you need help in filing a grievance, the MCCMH Ombudsman is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. You may also file a grievance electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

**U.S. Department of Health and Human Services
200 Independence Avenue, SW**

Room 509F, HHH Building
Washington, D.C. 20201
Toll Free: 1-800-368-1019

You have the right to get this information in a different format, such as audio, Braille, or large font due to special needs or in your language at no additional cost.

- English:** ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-996-2264.
- Albanian:** KUJDES: Në qoftë se ju flisni anglisht, shërbimet e ndihmës gjuhësore, pa pagesë, janë në dispozicion për ty. Telefononi 1-855-996-2264.
- Arabic:** تنبيه: إذا كنت تتحدث العربية فإن خدمة الترجمة متوفرة لك مجاناً فقط إتصل على الرقم 1-855-996-2264
- Bengali:** দৃষ্টি আকর্ষণ: আপনি ইংরেজি, ভাষা সহায়তা সেবা, নিখরচা কথা বলতে পারেন, আপনার জন্য উপলব্ধ. কল 1-855-996-2264.
- Chinese:** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-855-996-2264.
- German:** Achtung: Wenn Sie Englisch sprechen, sind Sprache Assistance-Leistungen, unentgeltlich zur Verfügung. Rufen Sie 1-855-996-2264.
- Italian:** Attenzione: Se si parla inglese, servizi di assistenza di lingua, gratuitamente, sono a vostra disposizione. Chiamare 1-855-996-2264.
- Japanese:** 注意: 英語を話す言語アシスタンス サービス、無料で、あなたに利用できます。(を呼び出す) 1-855-996-2264.
- Korean:** 주의: 당신이 영어, 언어 지원 서비스를 무료로 사용할 수 있습니다 당신에 게. 전화1-855-996-2264.
- Polish:** UWAGI: Jeśli mówisz po angielsku, język pomocy usług, za darmo, są dostępne dla Ciebie. Wywołanie 1-855-996-2264.
- Russian:** ВНИМАНИЕ: Если вы говорите по-английски, языковой помощи, бесплатно предоставляются услуги для вас. Звоните 1-855-996-2264.
- Serbo-**

